


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90176 041 ***150.00

DOCUMENT # 841943 1. Entity Name DISTRIBUTION SERVICES, INC. OF DELAWARE			
Principal Place of Business 1000 AMERICAN MEDIA WAY STE A BOCA RATON, FL 33464-100		Mailing Address 190 CONGRESS PARK DRIVE STE 200 DELRAY BEACH, FL 33445	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address New Mailing Address c/o Tax Department 1000 American Media Way Boca Raton, FL 33464-1000	
City & State		4. FEI Number 59-1641185	
Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILEY, JOHN A 5401 NW BROKEN SOUND BLVD. BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD Pecker, David 1000 American Media Way Boca Raton, FL 33464-1000 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PORCHE, MICHAEL 5401 NW BROKEN SOUND BLVD. BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Seiden, Mindy 1000 American Media Way Boca Raton, FL 33464-1000 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KAHANE, MIKE 5401 NW BROKEN SOUND BLVD. BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kahane, Mike 1000 American Media Way Boca Raton, FL 33464-1000 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition See Attachment for Additional Directors
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <i>Mindy Seiden</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		MINDY SEIDEN 4/29/05 (501)997-7733 Date Daytime Phone #	

20055917



ATTACHMENT

2005917

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Distribution Services, Inc. of Delaware

FEI Number 59-1641185

Additional Directors

Austin Beutner	D
Anthony DiNovi	D
Neeraj Mital	D
Soren Oberg	D
Michael Neil Garin	D

Address

1000 American Media Way
Boca Raton, FL 33464-1000